,		PART B	- FEE(S)	TRANS	MITTAL	_	/	
Complete and send this form, together with plicable fee(s).				P.	_	EE or Patents inia 22313-1450		
		_			71) 273-2885			
INSTRUCTIONS: This for appropriate. All further cor indicated unless corrected I maintenance fee notification	rm should be used for tran respondence including the below or directed otherwise is	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and ders and not specifying	PUBLICAT ification of a new corre	TION FEE (if requiremaintenance fees verspondence address;	ired). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep-	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee par	e(s) Transmittal. Thoers. Each additiona	mailing can only be used f is certificate cannot be used al paper, such as an assignm e of mailing or transmission.	for any other accompanying	
WESTMAN CHA			AUG 2 2	2005	ereby certify that that the test Postal Service values and the Mai	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fu I Stop ISSUE FEE address TO (571) 273-2885, on the	g deposited with the United st class mail in an envelope above, or being facsimile	
08/23/2005 BABRAHA2 00000076 09519889				A Z	. Peter Sav	vicki	(Depositor's name)	
			RADEN	ABKC	· tuc	mas	(Signature)	
)1 FC:2501	700.00 BP				ugust 18, 2	2005	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/519,889	03/06/2000		Rhonda S	. Redman		R597.12-003	8569	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	BE .	PUBL	ICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700			\$0	\$700	10/2:1/2005	
•		ART UNIT		CLAS	e cubei Acc	1		
EXAMINER LINDSEY, RODNEY M		3765		ļ	S-SUBCLASS 02-016000	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	T (print or ty	/pe)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	data will app a substitute	ear on the p	patent. If an assign assignment.	nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Ricky V. Redman				River Falls, Wisconsin, USA				
Olevan about the emmented	assignee category or category	rian (will not be pri	n ad on the r	natant) · D	Individual     C	orporation or other private gi	oun entity	
					- murviduar - C- C-	orporation of other private gr	oup onersy — Government	
4a. The following fee(s) are enclosed: 4b			b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form).					
_ ` .	(from status indicated above							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO	is requested to annly the Issu	ie Fee and Publicat	ion Fee (if an	nv) or to re-a	apply any previousl	v paid issue fee to the applic	ation identified above.	

Typed or printed name \_\_\_\_\_ Peter Sawicki

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Rhonda S. Redman et al.

Appln. No.:

09/519,889

Filed

March 6, 2000

For

HAND AND FOREARM PROTECTOR

Docket No.: R597.12-0003

Allowed: July 21, 2005

Group Art Unit: 3765

Examiner:

R.M. Lindsey

## **CERTIFICATE OF MAILING**

Mail Stop Issue Fee

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith is our Credit Card Payment Form (PTO-2038) to cover the amount of \$700.00 as payment of the Issue Fee in the above-identified application and Advanced

In the event the attached Credit Card Payment Form is unacceptable, or the form is omitted, or if there are any additional fees associated with this application, please charge the required fee or credit any overpayment to Deposit Account No. 23-1123.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 18, 2005.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

Suite 1400 - International Centre

900 Second Avenue South

Minneapolis, Minnesota 55402-3319

Phone: (612) 334-3222 Fax: (612) 334-3312

ZPS:cnn